U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is grandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing. 4. Name, file number, and address of labor organization. See AHACACA HOG	1. File Number U - 1/1/867			
A. Name and address of person filling. Name Clok prod L Eaudords Name Clok prod Name L Eaudords Name Clok prod Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Name Na		2. Fiscal Year Covered From:		
Name Zick and L Edwards Labor Organization File Number Zipch inters Labor Organization File Number Zipch inters Labor Organization File Number Zipch intersection Z				
Labor Organization File Number	3. Name and address of person filing.	4. Name, file number, and address of labor organization. See AttAchock.		
P.O. Box, Bidg., Room No., if any Street 2.3.3 S. Rancho Aue. City Coltm San huis Objspo State Calibornia ZiP Code + 4 7930.7 State Calibornia ZiP Code + 4 7930.7 Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. S. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any T.b. Amount. Street City Slate ZiP Code + 4 Signature	Name Richard L Edwards	Name VA Plumbers & Pipebitters Local But		
Street 223 S., Pancho Ane. City Coltan State California ZIP Code +4 72324 State ZIP Code +4 72324	•	Labor Organization File Number 0/240 Ô		
City Calton State California ZIP Code +4 70309 State California ZIP Code +4 9340 State ZIP Code +4 9340 S	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
State Calibornia ZIP Code +4 93394 State Calibornia ZIP Code +4 9340 5. Position in labor organization. Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7.b. Amount. Street City State ZIP Code +4 Signature	Street 223 S. Rancho Aul.	Street 3710 Broad 5T		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any T.b. Amount. Street Signature	City Colton	city Sonhu's Obispo		
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Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Title Street City State ZIP Code + 4 Signature				
Trade Name, if any: P.O. Box, Bldg., Room No., if any T.b. Amount. City State ZIP Code + 4 Signature	6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
P.O. Box, Bldg., Room No., if any T.b. Amount. Street State ZIP Code + 4 Signature	Name			
T.b. Amount. City State ZIP Code + 4 Signature	Trade Name, if any:			
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State ZIP Code + 4 Signature	termen i kristi. Ni ki en sepera dem en ermonant de en particio de del del del del del del del del del			
Signature	Street Street			
15. Signature and verification. The undersigned declares, under penalty of Periury and other applicable penalties of the law, that all of the information	City City			
submitted in this report including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	City ZIP Code + 4	ature		

Date

Telephone Number

Name of Person Filling Kichard L. Edward	S	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
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Trade Name, if any:	b. Trust	on			
P.O. Box, Bldg., Room No., if any	c. Employer				
Street 1893 LAUVE PATIC Rd.	Surgary J				
city Compton					
State California ZIP Code +4 9000		·			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	g.			
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value	e of such dealing.			
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City for the probability the first the state of the state	12.a. Nature of interest held	or income received.			
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount.				
State ZIP Code + 4 C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b. Amount. r parts A and B above) or other thing of value.				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. r parts A and B above) or other thing of value.				
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Name of Person Filing Kichard L. Edwards	S File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Piping Industry Progress Educerit Trade Name, if any: P.O. Box, Bldg., Room No., if any Street SOI Shatto Place Suite 300 City LOS Augeles State California ZIP Code +4 90000	9. Business deals with: a. Labor Organization b. Trust c. Employer	·		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received	and the second s		
State ZIP Code + 4	X-MAS Gibt.			
	12.b. Amount.	\$179759 <u>-</u> 1		
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).				
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Name of Person Filling Richard L. Edward	\$	File Number U-		
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
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Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street City				
State State ZIP Code + 4				
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.			